

Breastfeeding Role and Examples of Work in the Local WIC Agency

Breastfeeding Issue/Topic/Situation	Staff Roles			
	ALL CPAs STAFF	CLS/CLC/CLC	IBCLC	PEER COUNSELOR
Support breastfeeding participants from pregnancy through growth spurts, introducing solids, and weaning.	X	X	X	X
Teach basic, evidenced based techniques that help ensure a successful start in breastfeeding, including milk production, skin-to-skin, positioning and latch, and milk expression and storage.	X	X	X	X
Screens for and identify signs of the normal course of breastfeeding, including breastfeeding frequency and duration, infant feeding cues, and normal infant weight gain and stooling patterns.	X	X	X	X
Assist in infant feeding classes and peer support groups.	X	X	X	X
Education regarding use of breast pump and feeding expressed breast milk.	X	X	X	X
Help mothers plan for a return to work/school that supports the continuation of breastfeeding.	X	X	X	X
Help protect breastfeeding and milk production for mothers and infants who are temporarily separated for 3-7 days.	X	X	X	X
Identify signs of a good latch, positioning, and active eating at the breast.	X	X	X	X
Assist mother in finding comfortable and effective positions for breastfeeding.	X	X	X	X
Basic engorgement management.	X	X	X	X
Basic plugged duct management.	X	X	X	X
Provide education & support regarding maternal medication use, utilizing current edition of the book <i>Medications and Mothers' Milk</i> by Thomas W. Hale, RPh, PhD.	X	X	X	X
Documentation of all encounters with breastfeeding dyad.	X	X	X	X
Discuss in consultation with mothers, an individualized feeding plan.	X	X	X	X
Paraprofessional support, gives basic breastfeeding information and encouragement to WIC pregnant and breastfeeding mothers.				X
Manages a caseload of WIC mothers and makes routine periodic contacts with all mothers assigned.				X
Counsels WIC pregnant and breastfeeding mothers by telephone, home visits, and/or hospital visits at scheduled intervals determined by the local WIC Program				X
Is available outside the WIC clinic and the usual 8 to 5 working schedule to new mothers who are having breastfeeding problems.				X
Antepartum admission with increased risk of preterm delivery		X	X	
Delayed breastfeeding initiation		X	X	
Latch difficulties that do not resolve within 2-3 days		X	X	
Plugged duct and engorgement management that are not resolved after 24 hours		X	X	
Mother-Infant separation (e.g. infant in NICU or hospital)		X	X	
Nipple discomfort that does not resolve in 24 hours		X	X	
Assess mother's milk production and provide education and assistance regarding adjusting milk volume if necessary.		X	X	
Multiparous mother with history of breastfeeding difficulty		X	X	
Suboptimal/inadequate milk transfer leading to medical recommendation to supplement		X	X	
Infant with symptomatic jaundice		X	X	
Infant with weight loss ≥ 10% of birth weight before discharge from hospital		X	X	
Infant not at birth weight by 2 weeks of age		X	X	
Assess need for alternative feeding device and implement use if appropriate		X	X	
More complex maternal and infant breastfeeding problems beyond scope of PC, CLS, and CLC.			X	
Maternal plugged duct, engorgement, or nipple discomfort not resolved within 24 hours after PC/CLS/CLC evaluation and feeding plan not effective.			X	
Maternal breast conditions (e.g. breast/nipple anomalies, glandular insufficiency, and history of breast surgery).			X	
Maternal breast mastitis/abscess.			X	
Maternal acute illness/conditions/surgery (e.g. preeclampsia, postpartum depression, gallbladder surgery).			X	
Maternal endocrine disorder (e.g. polycystic ovary syndrome, infertility, thyroid disorders, diabetes).			X	
Maternal chronic conditions that might impact milk production.			X	
Maternal milk production issues not resolved within 5-7 days after CLS/CLC evaluation and plan not effective.			X	
Mother or baby have symptoms of thrush/yeast infection.			X	
Infant who is not latching after initial CLC/CLS evaluation and feeding plan not effective in resolving issue.			X	
High risk infant (e.g. premature, late preterm, small/large for gestational age, multiples)			X	
Infant weight gain is less than 4.5 ounces per week.			X	
Infant with congenital anomalies.			X	
Infant with oral/motor dysfunction (e.g. tight frenulum, hypotonia/hypertonia).			X	